JOB POSTING

Position:	**REGIONAL INTEGRATED PALLIATIVE CARE SPECIALIST**
Date:	October 30, 2026
Position Type:	Temporary, .5 FTE to March 31, 2027 with opportunity to transition to permanent based on funding
No. of Positions	Two (2) – Job Share
Location:	Bethell Hospice North & South - Off Site and Hybrid
Compensation:	$32.87/hr. – $51/hr. (per Bethell Hospice RPN/RN wage grid) HOOPP Part-time benefits

Join an innovative and collaborative team that is transforming how care is delivered across Dufferin and Caledon. Through our integrated Hub-and-Spoke model, supported by centralized intake, a shared electronic medical record, and strong community partnerships, we are creating a more connected, equitable, and person-centered system of care by bringing health, human, and social services together.

We believe exceptional care starts with strong relationships. Working alongside colleagues, community partners, clients, and families, you will help foster a culture of trust, collaboration, advocacy, and respect. Here, you can focus on what matters most: delivering high-quality care and improving outcomes for the people and communities we serve. We support our team members to practice at their full scope while making a meaningful difference in the lives of vulnerable and underserved populations.

As part of our team, you will contribute to innovative solutions, continuous improvement initiatives, and integrated approaches that address complex community needs. We are seeking compassionate, adaptable professionals who are committed to growth, communicate effectively, embrace change, and make thoughtful decisions in support of our shared vision.

If you are passionate about health equity, collaborative care, and making a lasting impact in your community, we invite you to join us in shaping the future of primary care and creating healthier communities together.

Our Mission and Values

Our mission is to provide compassionate, specialized care for quality living, dying and bereavement. Our Vision is to be the leader in palliative care excellence. We live our core values that show our caring and form the basis of all our decisions and actions including Dignity, Courage, Accountability, Collaboration, Innovation, DEI (Diversity, Equity & Inclusion).

Position Summary

This role reports into the Clinical Coach, OHT and the Clinical Manager, Bethell Hospice. As a member of both the inter-disciplinary Bethell Hospice team and providing an OHT regional function, the Regional Integrated Palliative Care Specialist is a specialized healthcare professional who serves as the primary point of contact for patients with serious life-limiting illnesses. They screen & qualify referrals, assess client & caregiver needs, and streamline access to community resources, hospice care, and interdisciplinary medical teams to ensure a seamless, dignified care experience that is aligned with the client's goals of care.

Hours of Work

This is a job-share position where two individuals will cover the full-time role which is predominantly Monday to Friday from 8:30 a.m. -4:30 p.m., with flexibility for some evenings/weekends as needed to meet client demands.

Location of Work

- Hybrid
- Bethell Hospice North & South
- Working from OHT partner locations
- Regular travel within OHT Region of Dufferin & Caledon, with primary area of client focus being Bolton/Caledon

Education/Qualifications

<u>Education</u>

- Currently registered with the College of Nurses of Ontario as a Registered Nurse or Registered Practical Nurse
- Certified in Hospice Palliative Care Nursing (Canada) (CHPCHN(C)) or willingness to pursue CHPCHN(C) or completion of Comprehensive Advances Palliative Care Education (CAPCE)
- Current B.C.L.S. certification
- Extensive knowledge of hospice palliative care and end of life issues
- Knowledge of relevant community resources

<u>Knowledge and Experience</u>

- Adept at utilizing various database systems, ensuring quality and timeliness of information.
- Strong skills with health information systems such as InfoAnywhere and Clinical Viewer
- Solid understanding of the healthcare system and partners especially in the Hills of Headwaters OHT
- Experience with the Intake function
- Advanced clinical assessment skills and knowledge within palliative care
- Clear understanding of the Health Care Consent Act, Advance Care Planning, and Medical Assistance in Dying

<u>Skills/Attributes/Competencies</u>

- Exceptional communication skills (verbal and written) with a variety of clients, stakeholders and organizations
- Solid understanding of diversity and equity, and how to incorporate these principles to ensure client-centered care

- Ability to achieve results independently as well as collaboratively within a trans-disciplinary team
- Well-developed interpersonal skills to effectively and empathetically meet the needs of clients/family living with and dying from advanced illness
- Skilled at collaborating with others to ensure seamless communication and clear accountabilities across the inter-disciplinary team
- Ability to organize work and effectively to manage multiple conflicting tasks and priorities
- Highly developed critical thinking, problem solving and conflict management skills.
- Experience creating and maintaining a high volume of sensitive online documentation
- Self-directed, experienced at using initiative balanced with sound judgment to manage ambiguity and make decisions
- Desire to work to full scope of practice and willingness to flex role boundaries when appropriate while still adhering to CNO and organization policies
- Proficient with the use of computers including MS office programs (e.g. Word, Outlook), databases, the internet
- Strong InfoAnywhere skills
- Consistently maintains privacy and confidentiality.
- Accountability; Proven reliability with attendance and meeting commitments.

Key Responsibilities

<u>Program & Process Development</u>

- Participate in the OHT Palliative Care Working Group
- Partner with OHT working groups and OHT team members to create & support integrated care delivery processes, tools and pathways as needed
- Initiate and develop relationships with local health and social service provider organizations with special focus on Bolton/Caledon area

<u>Referral & Assessment Process</u>

- Assessin and triaging those with palliative care needs within the Hills of Headwaters Collaborative Ontario Health Team Region (Dufferin & Caledon) to determine required services and supports needed
- Gathers information received through e-mails, fax (or eFax), web referral or phone. Uploads existing client information in client InfoAnywhere (IA) record or initiates a new client record in IA.
- Confirms with referral source that a referral is received and gathers additional information. Sends/receives/enters required documentation between involved providers.
- Tasks may include liaising with referral sources to clarify and/or collect additional information, and consulting with newly referred clients. Creating, maintaining and updating new client records and statistical data ensuring accuracy and completion are crucial components in this role
- Using the Assessment to identify with client and family the most appropriate care pathways and services & support needed
- Warm transfers to partner organizations whenever possible
- Documentation of assessment and pathway connection
- Communication with client/SDM, pathway lead organization and referral source
- Has oversight and is able to give direction & guidance on all palliative programs & services offered by Bethell Hospice Residence & Supportive Care programs
- Collaborates with the members of the BH Intake Team and assists with the monitoring and processing of new referrals for BH and the OHT Central Intake via all primary referral sources

including Health Partners Gateway (e-referral notifications from Home and Community Care Support Services (HCCSS), and dynamic referrals from the Bethell Hospice website)

Clinical Management

- Ensuring all qualified clients are attached to a local palliative physician or nurse practitioner
- Maintenance and monitoring of client roster
- Supports care transitions and flow of information from one program & care setting to another (e.g., hospital to community, community to hospice residence, and bereavement follow-up and support.
- Participate in and/or lead inter-disciplinary team meetings, including family conferences
- Develop and update clinical processes centered on evidence-based information

Quality Assurance and Improvement

- Identify self-learning needs and attends educational programs to maintain and enhance clinical competency
- Participate in policy and procedure development
- Understanding of quality improvement approaches in health care settings
- Participates in training and all staff meetings.
- other duties as assigned

People Leadership
Supports triaging and recognizes urgent scenarios that require collaboration with other members of the Ontario Health Team.

Physical Requirements
Needs to have reliable vehicle to travel to clients in a number of different settings.

Method of Application
Please email your resume to **hr@bethellhospice.org by November 9, 2026.**

Bethell welcomes applications from all qualified candidates, including but not limited to persons with disabilities, visible minorities (racialized), aboriginal (Indigenous) persons and persons of any gender identity and sexual orientation.

Bethell Hospice offers reasonable accommodation for applicants with disabilities in its recruitment processes, in accordance with AODA (Accessibility for Ontarians with Disabilities Act) and the Ontario Human Rights Code. Please advise if you require accommodation.

This posting is for a new vacancy for a team member.

Please note that artificial intelligence (AI) tools are used as part of our recruitment process. These tools may assist in screening applications and matching qualifications to job requirements. All interviews and hiring decisions are reviewed and made by human recruiters